PATENT APPLICATION F DETERMINATION RECORD

Effective Coober 1, 2001

Effective Colober 1, 2001												
			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS							. 1	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE	·	OR	BASIC FEE	1040
TOTAL CHARGEABLE CLAIMS			38 minus 20=		• 18			X\$ 9=		OR	X\$18=	324
INDEPENDENT CLAIMS			// minus 3 =		* /			X42=		OR	X84=	84
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				Į	TOTAL		OR	TOTAL	
	C	LAIMS AS A (Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	i
	Independent	*	Minus	***	T.O. AMA	=		X42=	,	OR	X84=	; /
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM		۱	+140=	,i	OR	+280=	
	•		·				Ļ	TOTAL ADDIT: FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									· 1			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F OL 4114	= -		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MU	JETIPLE DEP	ENDEN	CLAIM	· L	ا ا	+140=		OR	+280=	1
							- A	TOTAL ODIT. FEE	*	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)				_	·	- 3
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	1
	Independent	*	Minus	***	F OL AINA			X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
***	If the "Highest Nu The "Highest Num	mber Previously Pa ber Previously Pai	aid For" IN THI: d For" (Total or	S SPACE i Independ	is less that ent) is the	n 3, enter "3." highest numbe			propriate box	in cot	umn 1.	